

# JOB SHADOWING STUDENT CHECKLIST

STUDENTS: DID YOU???

- ✓ CALL THE BUSINESS SPONSOR AND SCHEDULE THE DATE FOR JOB SHADOWING
- ✓ RETURN PERMISSION SLIP TO GUIDANCE OFFICE **THE DAY BEFORE** YOUR SCHEDULED JOB SHADOW ASSIGNMENT
- ✓ CALL AND CONFIRM THE DATE AND TIME **THE DAY BEFORE** YOUR VISIT
- ✓ DETERMINE YOUR ADDRESS AND TRANSPORTATION FOR JOB SHADOWING
- ✓ INTERVIEW YOUR BUSINESS SPONSOR & **GIVE THEM THE STUDENT EVALUATION FORM- REMEMBER THIS IS HOW YOU ARE GRADED!**
- ✓ WRITE A THANK YOU LETTER TO YOUR BUSINESS SPONSOR
- ✓ COMPLETE THE FOLLOW-UP SURVEY & RETURN TO THE GUIDANCE OFFICE WITHIN THREE DAYS OF THE JOB SHADOW EXPERIENCE.

**All Job Shadowing must be completed by Friday, April 6, 2018**

## **STUDENT CHECKLIST FOR JOB SHADOWING ASSIGNMENTS**

1. Call the Business Sponsor and schedule the date and time that is convenient for the business. **Use the guideline sheet to get all the important information.**
2. **Return** required parent permission papers to guidance counselor the day before your scheduled job shadow assignment.
3. Call and confirm the date and time the day before your visit.

### **Day of Shadowing Assignment**

4. Dress Code: Business Appropriate **YOU ARE GRADED ON THIS!!!!!!**
  - Proper hygiene, clean/combed hair, clean nails
  - Dress slacks ( no jeans unless acceptable by business)
  - Dress shirt ( no low necklines, tank tops or graphic t-shirts)
  - Dress shoes ( no athletic shoes or flip flops)
  - Limit the amount of jewelry/accessories/piercing
5. Take a notebook and pen with you.
6. **Turn off** your cell phone. Do not take or make calls/texts.
7. Arrive a few minutes early.
8. Introduce yourself upon your arrival.
9. Be courteous to everyone you meet.
10. Do not distract the employees from their work.
11. Observe and ask questions.
12. Thank everyone that spent time with you. Remember this is a place of business and they have real work that has to get done. It is very nice that a business is willing to devote their time and attention to you. Be appreciative.
13. **Give the Student Evaluation form to the business sponsor. (This is how you will receive the graduation credit!!!)**
14. Write a formal thank you note to the business sponsor. **Refer to Thank you letter.**
15. **Return follow-up survey to the Guidance office within 3 days of your job shadow.**

**All Job Shadowing must be completed by Friday, April 6, 2018**

## **JOB SHADOW GUIDELINES FOR CONTACTING THE BUSINESS**

STUDENT NAME: \_\_\_\_\_

BUSINESS ASSIGNMENT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Speak slowly and clearly. "Hello, my name is \_\_\_\_\_. I am a senior at New Castle Senior High School. May I please speak to Mr. /Mrs. /Ms/Dr. \_\_\_\_\_? If you are asked, "What this is in regards to?" You reply that you are requesting to job shadow at his/her business and would like to make the arrangements.

Once you make contact with the business person, identify yourself and express your appreciation for allowing you to job shadow. Discuss the date and time that would be convenient for them to have you visit their business. Ask the following questions and write down the answers so your arrival at the business will go smoothly.

1. Confirm Date: \_\_\_\_\_
2. Confirm Arrival Time: \_\_\_\_\_
3. Directions to the business if needed.

\_\_\_\_\_

4. Where should you park or be dropped off?

\_\_\_\_\_

5. Who and where should you report to upon your arrival?

\_\_\_\_\_

6. What is the dress code?

\_\_\_\_\_

7. Should you pack a lunch?

\_\_\_\_\_

At the end of the conversation, thank them for their time. Please call your Job Shadow Contact **1 day** in advance to confirm the date and time.

### **If your business sponsor is not available**

- ❖ Ask when it would be a good time to call back. It is your responsibility to contact them, so avoid expecting them to track you down.
- ❖ If you are transferred to their voicemail, slowly and clearly leave your name, why you are calling, and a phone number. If they don't reach you in the next day or so, call them. Again, it is your responsibility to make the contact.

# **All Job Shadowing must be completed by Friday, April 6, 2018**

# **JOB SHADOWING**

## **"Draft" Thank You Letter**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

**THANKING:** Thank you letters are an important professional courtesy. Telling people how much you appreciate their efforts makes them feel good about what they do. It also makes a good reflection of you.

**DIRECTIONS:** Using the model below, write a thank-you letter to your job shadow host. Type letter and prepare an envelope for mailing. Turn in a copy of the letter to the Guidance Office along with the envelope for mailing. We will pay the postage.

A thank you letter does not have to be lengthy, however, try to personalize it. Let your Job Shadow host know why the experience was important to you.

### **EXAMPLE**

Date

Place of Business

Mr./ Mrs./ Ms./ Dr. Last Name

Address

Dear Mr./ Mrs./Ms./Dr. Last Name \_\_\_\_\_:

The following thoughts give you an idea of what you should incorporate in your note.  
The more specific you can be, the better your letter will be.

1. Thank your host for their time. Tell them why you appreciate their time.
2. Write about something that you learned or found interesting.
3. Write about something that you enjoyed during your experience.
4. Explain what this experience meant to you and thank them again.

Sincerely,

Your name

New Castle Senior High School

# **JOB SHADOWING QUESTIONS FOR BUSINESS SPONSOR**

STUDENT NAME \_\_\_\_\_

BUSINESS \_\_\_\_\_ SPONSOR \_\_\_\_\_

1. What are your major responsibilities?
2. What do you do on a typical day?
3. What type of education or training do I need for this job?
4. What kind of math skills do I need?
5. What types of verbal and written skills do I need?
6. How is science incorporated into this occupation?
7. How is history incorporated into this occupation?
8. What new skills have you learned since starting work?
9. What type of technology is used?
10. What type of computer literacy is needed?
11. What made you decide to do this type of work?
12. What do you like most about your job?
13. What do you like least about your job?
14. What advice can you give me about this career?
15. Ask additional questions you have.



# 2

# FOLLOW-UP SURVEY

This form must be  
returned to the  
Guidance Office!!

Return to Guidance Office for your Job Shadowing credit.  
Return within **3 days** of your job shadowing assignment  
Job shadowing is to be completed by **Friday, April 6, 2018**

NAME \_\_\_\_\_  
JOB SHADOW SITE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

List three things you learned from your job shadow experience.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this job site for further students? Please explain your answer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be  
returned to the  
Guidance Office!!

# 2



## JOB SHADOWING STUDENT EVALUATION FORM

Thank you for participating in this job shadow activity. We appreciate the time you have taken to share your knowledge with the student. Please evaluate the student during his/her recent on-site experience. Place a checkmark in the appropriate box for each category that most accurately describes the student's attitude or performance. Evaluate each category without regard to the student's rating in any other category.

**Business Name:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

**Business Mailing Address:**

street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**Contact Person:** name \_\_\_\_\_ signature \_\_\_\_\_

Date the Student reported to the business: \_\_\_\_\_

What time did the student arrive? \_\_\_\_\_ What time did the student leave? \_\_\_\_\_

	POOR	FAIR	GOOD	VERY GOOD	EXCEPTIONAL
Communication Skills					
Interpersonal Skills					
Interest and Knowledge of the Career					
Appropriate Appearance					
Behavior/ Professionalism					
Dependability					

Did the student arrive on the scheduled date and time? \_\_\_\_\_yes \_\_\_\_\_no (if no, please explain)

How would you rate the student's employability?

Comments/Suggestions/Advice\_\_\_\_\_

Please mail this form in a company envelope to:

New Castle Senior High School

Guidance Office

300 E. Lincoln Ave.

New Castle, PA 16101

If you have any questions, please contact me at [sgibson@ncasd.com](mailto:sgibson@ncasd.com).

Again, thank you very much for participating in this program.



# 1

This form must be  
returned the day  
before you go job  
shadowing!!!

# Job Shadowing Student Permission Slip

<b>Student:</b>	<b>Student Cell Number:</b>
<b>Address:</b>	<b>Grade 12</b>
<b>New Castle Senior High School</b>	
<b>Business to Shadow:</b>	
<b>Business Address:</b>	
<b>Emergency Contact Name:</b>	<b>Emergency Contact Number:</b>
<b>Emergency Contact Address:</b>	
<b>Date of Shadow Experience:</b>	<b>Time of Shadow Experience:</b>

## Shadow Business Responsibilities

1. Provide the student with the opportunity to spend time with an employee observing daily activities.
2. Review with the student all relevant health and safety issues and provide safety gear if necessary.
3. Give the student a brief tour of the workplace and introduce him/her to other employees.
4. Be available to the student at all times for liability purposes. View the student as a visitor or salesperson in your place of business.

## Student Responsibilities

1. Participate actively in job shadow activities, asking questions, and being attentive.
2. Complete all job shadow requirements which include questions, thank-you letter and all other assignments.
3. Observe all safety rules and adhere to the host industry's policies.
4. Adhere to proper behavior guidelines and dress appropriately for the job shadow experience.
5. Attendance for the job shadow experience is mandatory. YOU must notify the business and school if unable to attend.

## Parent Responsibilities

1. Encourage your child to be an active learner during the job shadow experience and discuss their experience.
2. Provide transportation to and from the job shadow site.
3. Ensure that your child participates in the job shadow experience and completes necessary assignments.
4. Provide proper insurance coverage for your child.

YES ☐ NO ☐

I grant permission for my son/daughter to travel using his/her own vehicle.  
Insurance \_\_\_\_\_

YES ☐ NO ☐

I grant permission for my son/daughter to be photographed while participating in  
the job shadow experience for educational purposes.

YES ☐ NO ☐

I grant permission for my son/daughter to receive emergency medical treatment.  
Insurance \_\_\_\_\_  
Special accommodations or conditions \_\_\_\_\_

**We the undersigned agree to the conditions and statements contained in this agreement**

<b>Student:</b>	<b>Date:</b>
<b>Parent/Guardian:</b>	<b>Date:</b>

# 1